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# DATABOOK FOR COMMUNITY HEALTHCHOICES

APRIL 24, 2020

COMMONWEALTH OF PENNSYLVANIA

MAKE TOMORROW, TODAY

 MERCER

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# 1

## INTRODUCTION

### OVERVIEW

To achieve their goal of increasing opportunities for older Pennsylvanians and allowing individuals with physical disabilities to remain in their homes, the Commonwealth of Pennsylvania (Commonwealth) Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) have implemented Community HealthChoices (CHC), a managed long term care program. CHC is a statewide mandatory program through which eligible participants receive medical assistance physical health (PH) benefits and long term services and supports (LTSS), including nursing facility (NF) and home and community based services (HCBS).

DHS contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to provide actuarial rate development support for the CHC program.

### PURPOSE OF THIS DATABOOK

The intent of this databook is to summarize historical Medicaid cost and utilization information for CHC eligible populations for all zones. Mercer utilized covered population and service criteria consistent with information in the agreement between DHS and the CHC Managed Care Organizations (MCOs) (Agreement). The criteria were also consistent with the process utilized as part of the CHC databook developed by Mercer in April 2019.

Using the Medicaid data in this databook as the starting point, the adjustments outlined in Section 5 will be applied to develop the CHC Medicaid capitation rates.

### CONTENT OF THIS DATABOOK

This databook contains cost and utilization data for acute medical services (historically provided through either the fee-for-service (FFS) program or the HealthChoices (HC) PH managed care program), NF services and HCBS.

### Time Periods

The information in this databook is summarized for the following time periods:

- Claims Data (based on date of service):
  - Calendar Year (CY) 2017 (January 1, 2017, through December 31, 2017) paid through June 2019

- CY 2018 (January 1, 2018, through December 31, 2018) paid through June 2019
  - As CHC was implemented in the Southwest zone January 1, 2018, historical FFS and HC PH managed care data was not available for the CY 2018-time period and is not included in this databook.

## Rating Regions

Within the Southwest and Southeast zones, separate capitation rating regions have been established consistent with the CY 2020 rate setting approach to address cost differentials within those zones. For the zones implemented January 1, 2020, the Northeast and Northwest zones have been aggregated to a single rating region due to the volume of membership within each zone, and the Lehigh/Capital zone was established as a separate capitation rating region.

This databook segments information regarding the CHC eligible populations in the rating regions noted in Table 1.

TABLE 1: RATING REGIONS

RATING REGION	COUNTIES INCLUDED
Southwest — Allegheny	Allegheny
Southwest — 13 Counties	Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland
Southeast — Philadelphia	Philadelphia
Southeast — 4 Counties	Bucks, Chester, Delaware, Montgomery
Lehigh/Capital	Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, York
Northeast/Northwest	Bradford, Cameron Carbon, Centre, Clearfield, Clarion, Clinton, Columbia, Crawford, Elk, Erie, Forest, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northumberland, Pike, Potter, Schuylkill, Sullivan, Snyder, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming

## CAVEATS

Mercer used and relied upon the historical claims and eligibility data supplied by the Commonwealth. The Commonwealth is solely responsible for the validity and completeness of the supplied data. Mercer reviewed the data in compliance with ASOP 23 (Data Quality) for internal consistency and reasonableness, but did not audit the data.

This document assumes the reader is familiar with the Commonwealth's Medicaid program, Medicaid eligibility rules and actuarial rating techniques. It is intended for DHS and the CHC-MCOs, and should not be relied upon by other parties. Other readers should seek the advice of actuaries or

other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these data. This document should only be reviewed in its entirety.

**Users of this databook are cautioned against relying solely on the data contained herein. The Commonwealth and Mercer provide no guarantee, written or implied, that this databook is 100% accurate or error-free. This document is being provided for informational purposes only. The Commonwealth and Mercer reserve the right to refine it as they see fit at any time.**

The authors of this document, listed below, are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses described in this document.

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# 2

## COVERED POPULATIONS

As outlined in the Agreement, the following individuals within the Commonwealth's Medicaid program are eligible for the CHC program:

- Adults ages 21 or older who are eligible for Medicaid but not Medicare and require Medicaid LTSS (whether in the community or in private or county NFs) based on NF level of care requirements.
  - Individuals enrolled in HC who enter a NF will remain the responsibility of the PH-MCO for at least the first 30 days of the NF stay.
- Individuals eligible for both Medicare and Medicaid (Dual) who are ages 21 or older, regardless of whether or not they need or receive LTSS.

Individuals who were enrolled in the Medicaid program during the historical data time periods, found to meet one of the above criteria and who did not meet any of the exclusions below, were included in the summaries within this databook.

The following populations are not eligible for the CHC managed care program:

- Individuals under the age of 21
- Individuals receiving services through the Office of Developmental Program's Consolidated Waiver, Person/Family-Directed Supports Waiver, Community Living Waiver, Adult Autism Waiver or Adult Community Autism Program
- Individuals receiving services through the Programs of All-Inclusive Care for the Elderly (PACE)/Living Independence for the Elderly (LIFE) program<sup>1</sup>
- Children and Youth/Juvenile Probation Office Placements
- Educational Placements
- Residents of State Mental Hospitals

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<sup>1</sup> Individuals enrolled in the PACE program and meeting the CHC eligibility criteria will be eligible to dis-enroll from PACE and enroll into CHC if they so choose.

- Residents of State Mental Retardation Centers
- Residents of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs)
- Residents of Veterans' Homes
- Residents of South Mountain Restoration Center Long-Term Care Unit
- Residents of Care Facilities for Persons with Other Related Conditions (ICF/ORCs)
- Individuals who are enrolled in the OBRA Waiver and are assessed to meet an ICF/ORC level of care
- Individuals receiving services through the Infant, Family and Toddler Waiver
- Individuals in State Correctional Institutions
- Residents of Youth Developmental Centers/Youth Forestry Camps
- Individuals in Juvenile Detention Centers
- Out-of-State Placements
- Individuals receiving care in an Institution for Mental Disease (IMD) facility for more than 15 days in a given month, as a result of the Centers for Medicare and Medicaid Services (CMS) Medicaid Managed Care regulations

## POPULATION GROUPS

In addition to cost differentials across rating regions, the CHC capitation rates will consider the different risk characteristics of the eligible populations. Although population grouping summaries have been prepared to inform the CHC-MCOs of the service utilization profiles and per member costs across the CHC eligible Medicaid population, it is important to note the population groups do not represent the rate cells for which capitation rates will be paid. DHS will continue to use a blended rate cell structure for the Nursing Facility Clinically Eligible (NFCE) populations. This means that for individuals within a certain age group and dual eligibility status, a single capitation payment will be made regardless of whether the individual resides in a NF or receives services in the community through the CHC HCBS waiver.

Table 2 illustrates the population groups summarized within this databook along with the corresponding capitation payment rate cells.

**TABLE 2: POPULATION AND CAPITATION RATE CELLS**

POPULATION GROUP	CAPITATION RATE CELL
Dually Eligible Individuals Residing in a NF	NFCE Duals
Dually Eligible Individuals Enrolled in a HCBS Waiver	
Medicaid Only Individuals Residing in a NF	NFCE Non-Duals
Medicaid Only Individuals Enrolled in a HCBS Waiver	
Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	NF Ineligible Duals

Note: Population and capitation rate cells are further delineated by age groupings (ages 21–59 and ages 60 and over) and rating region.

For individuals temporarily residing in a NF while concurrently enrolled in an HCBS waiver, their cost and membership data were only counted once for a given month under the applicable NF group (and not also under the HCBS waiver group).

# 3

## COVERED SERVICES

The specific services required to be covered by the CHC-MCOs are detailed in the Agreement. Mercer applied logic to extract claims experience for the covered services from the FFS and HC PH encounter data. The data summaries reflect historical costs for the services; any differences between historical service offerings and prospective service offerings will be considered during the capitation rate development process.

For purposes of illustrating the cost and utilization patterns of the CHC eligible population groups, the historical data have been summarized by major service categories. The CHC capitation rates will be established at the rate cell level, encompassing all services therein (i.e., capitation rates will not be established on a service level). Table 3 includes the major service categories outlined in the databook summaries.

TABLE 3: COVERED SERVICES

MEDICAL SERVICES	HCBS WAIVER SERVICES
Ambulance	Day Habilitation and Adult Day
Dental	Employment
Durable Medical Equipment (DME)/Supplies	Home Health/Therapies
Emergency Room	Other Waiver
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)	Participant Directed Services (PDS)/Financial Management Services (FMS)
Home Health	Personal Assistance
Hospice	Residential Habilitation
Inpatient	Respite
Laboratory/Radiology	Service Coordination
Nursing Facility	Vendor Services
Other Medical	Waiver DME/Supplies
Outpatient	
Pharmacy	
Physician	
Vision	

## EXCLUDED SERVICES

The list below summarizes the claims-based exclusions:

- Behavioral Health (BH) services that will be the responsibility of the BH-MCOs.
- Since the PH-MCO will continue to be responsible for all claims during at least the first 30 days of a PH-MCO enrollee NF stay, claims associated with these stays were excluded from the data summaries.
- CHC-MCOs will not be responsible for claims until an individual is officially enrolled in the CHC-MCO. As such, claims and members were excluded during the period when an individual is being approved for Medicaid coverage and is selecting their CHC-MCO.
- Services delivered through the PACE/LIFE program<sup>2</sup>.
- Non-Medicaid services funded through State-only funds.

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<sup>2</sup> Individuals enrolled in the PACE program and meeting the CHC eligibility criteria will be eligible to dis-enroll from PACE and enroll into CHC if they so choose.

# 4

## ADJUSTMENTS REFLECTED IN THIS DATABOOK

The Commonwealth provided Mercer with historical Medicaid FFS claims, HC encounter data, and eligibility data. This section lists the adjustments applied to the data and provides a brief explanation of each. These adjustments are reflected in the summaries shown in Section 6.

Based on discussions with the Office of Long Term Living (OLTL), no adjustments were needed to remove expenditures for the items listed below. This is due to the fact these costs were not part of the claims-based payment as reflected in the FFS claims provided to Mercer, or because the final payment was already net of these claim adjustments:

- Recipient spend-down expenses
- Third-party liability recoveries
- Disproportionate share hospital payments
- Graduate medical education expenses
- Copayments, coinsurance and deductibles
- Monthly payments made by Medicaid recipients (e.g., net available monthly income)

### COMPLETION FACTORS

This databook includes claims for dates of service from January 1, 2017 through December 31, 2018 and reflects payments through June 2019. Mercer reviewed claim payment patterns and developed completion factors to estimate incurred but not reported claims (those claims not yet adjudicated). The completion factors shown in Table 4 represent the factors by which paid claims and utilization were adjusted.

TABLE 4: COMPLETION FACTORS

CATEGORY OF SERVICE	CY 2017	CY 2018
Medical Services, excluding Nursing Facility and Pharmacy	1.0014	1.0338
Nursing Facility	1.0000	1.0015
Pharmacy	1.0000	1.0032
Personal Assistance	1.0000	1.0021
All Other HCBS Waiver Services	1.0000	1.0038

CATEGORY OF SERVICE	C Y 2017	C Y 2018
Total	1.0001	1.0046

## NF SUPPLEMENTAL PAYMENTS

During the historical time periods illustrated in this databook, DHS made separate payments to NFs. With the exception of the NF DME Grant payments, these payments were not included in the detailed claims data provided to Mercer. Since DHS will prospectively fund certain NF payments through the CHC capitation rates, adjustments to the base data were necessary.

Based on guidance and historical CY 2017 and CY 2018 payment information from DHS and OLTL, upward adjustments were made to the base data to include consideration for the following two supplemental payments:

- Disproportionate Share Incentive
- Supplemental Ventilator Care and Tracheostomy Care

The adjustment made to the Nursing Facility claim costs illustrated in this databook for these two supplemental payments was approximately 0.4% in both CY 2017 and CY 2018 for each rating region and population group combination.

An adjustment for the NF Access to Care Payments (outlined in Appendix 4 of the Agreement) will be considered separately during the rate development process (those amounts are not reflected in the databook summaries in Section 6).

## COORDINATION OF BENEFITS (COB)

An adjustment was applied to the pharmacy service line for all NFCE Dual and NFI Dual population groups to include consideration for instances where drug costs within the historical experience should have been covered by Medicare Part B and/or Part D instead of being paid by Medicaid. As outlined in the Agreement, the CHC-MCOs are not responsible for these drug costs for dually eligible individuals, particularly for Part D drugs that are fully covered by Medicare.

To develop the adjustment, Mercer reviewed historical pharmacy FFS and encounter data along with Medicare Part B and D eligibility and drug list information. The adjustment varies by year, population group, and rating region due to the differing profile of Medicare-covered drug experience within each combination.

Tables 5A and 5B summarize the percentage impact of the COB adjustment to the pharmacy service line by rating region for the dually eligible population groups for each base data year. As historical CY 2018 FFS and PH encounter data was not available for the Southwest rating regions due to CHC implementation, no CY 2018 COB adjustment was calculated for those rating regions.

**TABLE 5A: COB ADJUSTMENT CY 2017**

RATING REGION	Dually Eligible Individuals Enrolled in a HCBS Waiver		Dually Eligible Individuals Residing in a NF		Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	
	21-59	60+	21-59	60+	21-59	60+
Southwest — Allegheny	-14.1%	-11.6%	-34.8%	-11.9%	-62.0%	-40.3%
Southwest — 13 Counties	-32.7%	-4.3%	-14.1%	-10.3%	-59.9%	-30.3%
Southeast — Philadelphia	-48.2%	-8.7%	-76.2%	-16.4%	-68.7%	-49.5%
Southeast — 4 Counties	-38.2%	-5.6%	-16.0%	-13.0%	-68.7%	-48.2%
Lehigh/Capital	-50.9%	-26.0%	-21.8%	-8.5%	-68.0%	-39.5%
Northeast/Northwest	-30.2%	-18.7%	-15.4%	-15.4%	-62.8%	-38.1%

**TABLE 5B: COB ADJUSTMENT CY 2018**

RATING REGION	Dually Eligible Individuals Enrolled in a HCBS Waiver		Dually Eligible Individuals Residing in a NF		Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	
	21-59	60+	21-59	60+	21-59	60+
Southwest — Allegheny	N/A	N/A	N/A	N/A	N/A	N/A
Southwest — 13 Counties	N/A	N/A	N/A	N/A	N/A	N/A
Southeast — Philadelphia	-53.5%	-12.3%	-89.8%	-22.6%	-63.2%	-40.5%
Southeast — 4 Counties	-64.4%	-4.6%	-28.6%	-13.1%	-65.6%	-35.3%
Lehigh/Capital	-42.3%	-11.9%	-20.7%	-10.3%	-62.2%	-35.2%
Northeast/Northwest	-35.1%	-21.0%	-40.1%	-16.9%	-61.9%	-36.1%

# 5

## CAPITATION RATE DEVELOPMENT

Mercer will make adjustments to the base data summarized in Section 6 in order to develop the CY 2021 CHC capitation rates. These adjustments are required by CMS in determining actuarially sound rates for Medicaid managed care programs.

Below is a list of adjustments and programmatic changes (not necessarily all-inclusive) that may be applied during the rate-setting process. These adjustments have **not** been reflected in the databook summaries in Section 6:

1. Mercer will consider data from both illustrated historical time periods, as available for each rating region, to smooth anomalies. The two years of data will be blended to arrive at a single historical data set, which will then be further projected and adjusted through the rate development process.
  - A. CHC financial reports and encounter data will be considered for use as a base data source. To the extent they are utilized, a summary document will be distributed to all CHC-MCOs reflecting aggregated data. Timing of this document has not yet been determined.
2. Mercer will project costs and utilization as part of the rate development process. The trends used to project these costs will be based on available FFS, PH encounter data and CHC financial reports and encounter data. In addition, Mercer will consider cost and utilization trends experienced by other managed care programs within the Commonwealth and national trend indices. Cost and utilization will be trended to the midpoint of the rating period.
3. Mercer may adjust data sources for the following programmatic changes:
  - A. Those that occurred during the historical data time period (January 2017 through December 2018) and are not fully reflected in the data.
  - B. Those that occurred after the historical time period and have been approved by CMS and/or the Commonwealth.
4. Mercer may make adjustments to reflect expectations for enhancements in care management under a managed care delivery system, as compared to FFS.
5. Mercer may make further adjustments to reflect CHC program specific encounter data and CHC-MCO reported experience for CY 2018 in the Southwest zone and CY 2019 in the Southwest and Southeast zones . Additionally, Mercer will review emerging CY 2020 CHC program data for the Lehigh/Capital, Northeast and Northwest zones as available.

6. Mercer may make upward adjustments, as appropriate, to reflect expectations of the CHC-MCOs related to certain payments to NFs (e.g., Appendix 4 amounts from the Agreement).
7. Mercer may make adjustments to reflect provider payment requirements included in the Agreement.
8. Mercer will develop and apply assumptions during the capitation rate development process to include consideration for the CHC-MCO's administrative and care management responsibilities under the Agreement. This will include consideration for underwriting gain, as well as any applicable taxes and fees
9. Mercer will make an adjustment to reflect enrollment patterns for the HCBS Waiver and NF populations that have occurred since the historical CY 2017 and CY 2018 data time periods. An adjustment for prospective changes in the mix between NF and HCBS Waiver individuals may be made as well.

# 6

## DATA SUMMARIES

Data summaries for the CY 2017 and CY 2018 historical time periods are summarized by rating region, age group, population group and category of service. Each summary contains the following information:

- **Rating Region:** Data for each rating region are shown separately.
- **Age Group:** The data are summarized separately for two age bands: Ages 21–59 and Ages 60+.
- **Time Period:** Separate tables are provided for the CY 2017 and CY 2018 time periods.
  - As noted earlier, no CY 2018 data summaries based on historical FFS and PH encounters are included in this databook for the Southwest rating regions due to CHC implementation in CY 2018.
- **CHC Eligible Population Group:** For each age group, the data are summarized into five population groups. As mentioned previously, these groupings differ from the rate cells that will be used to process capitation payments.
- **Member Months (MMs):** Number of total months that all individuals within the population group were eligible during the historical time period.
- **Category of Service:** As outlined in Section 3, this includes all covered services outlined in the Agreement as observed in the historical data.
- **Per Member Per Month (PMPM) Costs:** PMPM costs are calculated by taking the historical Medicaid claims expense (FFS and PH encounter data) for a given category of service and dividing that total claims expense by the corresponding MMs.
- **Unit Cost:** Represents the average cost per unit of each category of service; this is calculated by taking the total claims expense and dividing by the total utilization amount.
- **Utilization Per 1,000:** Calculated as the total utilization for each service divided by total MMs multiplied by 12,000.

Rating Region	Southwest - Allegheny
Age Group	21-59
Time Period	CY 2017

	CHC Eligible Population Group																			
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total				
	Member Months			2,659			11,746			2,585			9,832			130,239			157,061	
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Medical Services	Ambulance	\$ 1.13	\$ 54.82	248	\$ 0.28	\$ 67.23	49	\$ 33.40	\$ 132.89	3,016	\$ 27.94	\$ 54.91	6,106	\$ 0.17	\$ 25.95	77	\$ 2.48	\$ 58.99	504	
	Dental	\$ 7.09	\$ 51.03	1,666	\$ 4.81	\$ 58.84	980	\$ 12.70	\$ 50.10	3,042	\$ 10.98	\$ 61.81	2,132	\$ 4.31	\$ 55.86	926	\$ 4.95	\$ 56.42	1,053	
	DME/Supplies	\$ 7.74	\$ 1.22	76,425	\$ 32.22	\$ 0.86	452,128	\$ 47.86	\$ 53.52	10,732	\$ 244.08	\$ 3.84	762,309	\$ 3.28	\$ 1.29	30,410	\$ 21.32	\$ 2.36	108,222	
	Emergency Room	\$ 0.53	\$ 6.52	980	\$ 0.27	\$ 2.18	1,491	\$ 15.12	\$ 86.56	2,096	\$ 27.74	\$ 63.58	5,235	\$ 0.82	\$ 7.05	1,402	\$ 2.70	\$ 19.58	1,653	
	FQHC/RHC	\$ 0.12	\$ 31.38	45	\$ 0.81	\$ 28.96	336	\$ 1.70	\$ 151.04	135	\$ 1.02	\$ 81.28	150	\$ 0.74	\$ 38.96	227	\$ 0.77	\$ 40.68	226	
	Home Health	\$ 0.23	\$ 61.60	45	\$ 0.08	\$ 30.43	33	\$ 8.30	\$ 75.71	1,315	\$ 100.97	\$ 60.21	20,125	\$ 0.23	\$ 44.03	62	\$ 6.66	\$ 59.78	1,336	
	Hospice	\$ 0.01	\$ 1.37	77	\$ 0.01	\$ 6.36	11	\$ 76.29	\$ 147.04	6,226	\$ 8.05	\$ 329.09	294	\$ 0.03	\$ 735.82	1	\$ 1.79	\$ 173.84	123	
	Inpatient	\$ 57.13	\$ 163.06	4,204	\$ 32.81	\$ 153.37	2,567	\$ 1,290.23	\$ 1,837.42	8,426	\$ 781.11	\$ 2,243.36	4,178	\$ 20.21	\$ 296.45	818	\$ 90.31	\$ 807.69	1,342	
	Laboratory/Radiology	\$ 2.67	\$ 3.88	8,268	\$ 2.41	\$ 4.74	6,098	\$ 66.15	\$ 13.26	59,856	\$ 63.68	\$ 17.55	43,548	\$ 2.65	\$ 7.19	4,427	\$ 7.50	\$ 11.28	7,978	
	Nursing Facility	\$ 4,520.93	\$ 166.27	326,291	\$ 1.13	\$ 108.78	125	\$ 5,254.75	\$ 194.15	324,789	\$ 0.13	\$ 217.23	7	\$ 0.46	\$ 120.96	46	\$ 163.47	\$ 179.71	10,916	
	Other Medical	\$ 6.60	\$ 2.07	38,319	\$ 1.83	\$ 0.86	25,578	\$ 113.75	\$ 4.38	311,535	\$ 38.92	\$ 20.29	23,015	\$ 1.56	\$ 1.73	10,820	\$ 5.85	\$ 3.88	18,101	
	Outpatient	\$ 1.04	\$ 18.99	655	\$ 0.63	\$ 6.11	1,245	\$ 32.18	\$ 108.58	3,556	\$ 112.26	\$ 32.02	42,073	\$ 1.56	\$ 17.95	1,043	\$ 8.92	\$ 29.22	3,661	
	Pharmacy	\$ 4.69	\$ 6.68	8,432	\$ 13.80	\$ 25.18	6,578	\$ 858.18	\$ 80.30	128,239	\$ 969.04	\$ 140.28	82,892	\$ 6.94	\$ 20.96	3,974	\$ 81.65	\$ 87.25	11,229	
	Physician	\$ 8.88	\$ 1.37	78,043	\$ 4.52	\$ 1.15	47,122	\$ 163.85	\$ 18.71	105,089	\$ 113.55	\$ 26.38	51,650	\$ 4.62	\$ 2.10	26,379	\$ 14.12	\$ 5.35	31,682	
	Vision	\$ 0.10	\$ 3.33	370	\$ 0.15	\$ 7.12	245	\$ 2.87	\$ 41.01	841	\$ 4.14	\$ 36.78	1,351	\$ 0.20	\$ 14.52	167	\$ 0.49	\$ 22.34	261	
	Medical Services Subtotal	\$ 4,618.90	N/A	N/A	\$ 95.75	N/A	N/A	\$ 7,977.31	N/A	N/A	\$ 2,503.61	N/A	N/A	\$ 47.78	NA	N/A	\$ 412.97	N/A	N/A	
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 34.56	18	\$ 21.88	\$ 41.82	6,279	\$ -	\$ -	-	\$ 11.67	\$ 40.35	3,472	\$ -	\$ -	-	\$ 2.37	\$ 41.35	687	
	Employment	\$ -	\$ -	-	\$ 5.00	\$ 6.29	9,534	\$ -	\$ -	-	\$ 1.43	\$ 11.99	1,427	\$ 0.00	\$ 1.95	26	\$ 0.47	\$ 6.79	824	
	Home Health/Therapies	\$ -	\$ -	-	\$ 160.32	\$ 12.05	159,681	\$ -	\$ -	-	\$ 310.46	\$ 11.51	323,550	\$ -	\$ -	-	\$ 31.43	\$ 11.71	32,197	
	Other Waiver	\$ 0.64	\$ 43.39	176	\$ 67.32	\$ 13.28	60,830	\$ -	\$ -	-	\$ 36.02	\$ 14.57	29,662	\$ 0.02	\$ 4.66	42	\$ 7.31	\$ 13.62	6,444	
	PDS/FMS	\$ 0.18	\$ 79.04	27	\$ 27.24	\$ 80.99	4,036	\$ 0.17	\$ 145.03	14	\$ 19.49	\$ 82.00	2,852	\$ -	\$ -	-	\$ 3.26	\$ 81.40	481	
	Personal Assistance	\$ 27.88	\$ 4.08	82,042	\$ 3,116.89	\$ 4.02	9,310,359	\$ 14.53	\$ 4.24	41,082	\$ 3,432.03	\$ 4.14	9,945,856	\$ 0.02	\$ 2.41	78	\$ 448.68	\$ 4.08	1,321,049	
	Residential Habilitation	\$ 12.80	\$ 31.31	4,906	\$ 43.84	\$ 91.70	5,737	\$ 1.22	\$ 93.11	158	\$ 12.72	\$ 70.21	2,174	\$ 0.12	\$ 14.33	100	\$ 4.41	\$ 72.17	733	
	Respite	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.55	\$ 3.75	1,762	\$ 0.02	\$ 205.00	1	\$ 0.05	\$ 5.55	111	
	Service Coordination	\$ 3.11	\$ 19.33	1,927	\$ 180.48	\$ 18.47	117,234	\$ 2.40	\$ 18.78	1,532	\$ 170.43	\$ 18.48	110,683	\$ 0.05	\$ 22.34	28	\$ 24.30	\$ 18.48	15,778	
	Vendor Services	\$ 0.59	\$ 44.61	158	\$ 84.64	\$ 139.64	7,273	\$ 6.67	\$ 1,326.82	60	\$ 57.98	\$ 122.26	5,691	\$ -	\$ -	-	\$ 10.08	\$ 133.82	904	
	Waiver DME/Supplies	\$ 0.04	\$ 52.64	9	\$ 1.19	\$ 663.15	21	\$ -	\$ -	-	\$ 1.68	\$ 499.89	40	\$ -	\$ -	-	\$ 0.19	\$ 545.14	4	
	HCBS Waiver Services Subtotal	\$ 45.28	N/A	N/A	\$ 3,708.80	N/A	N/A	\$ 24.99	N/A	N/A	\$ 4,054.47	N/A	N/A	\$ 0.23	N/A	N/A	\$ 532.55	N/A	N/A	
Total Services		\$ 4,664.18	N/A	N/A	\$ 3,804.55	N/A	N/A	\$ 8,002.30	N/A	N/A	\$ 6,558.07	N/A	N/A	\$ 48.00	N/A	N/A	\$ 945.52	N/A	N/A	

Rating Region	Southwest - Allegheny
Age Group	60+
Time Period	CY 2017

	CHC Eligible Population Group																			
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total				
	Member Months			45,140			32,046			2,041			6,371			135,540			221,139	
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Medical Services	Ambulance	\$ 0.34	\$ 45.86	89	\$ 0.35	\$ 82.14	51	\$ 27.85	\$ 128.78	2,595	\$ 14.69	\$ 79.00	2,231	\$ 0.13	\$ 48.57	31	\$ 0.88	\$ 79.26	133	
	Dental	\$ 4.60	\$ 51.23	1,078	\$ 2.53	\$ 78.55	386	\$ 7.78	\$ 44.58	2,094	\$ 6.01	\$ 70.52	1,022	\$ 2.27	\$ 60.70	448	\$ 2.94	\$ 58.85	599	
	DME/Supplies	\$ 8.61	\$ 4.16	24,795	\$ 54.28	\$ 0.79	828,492	\$ 24.33	\$ 49.92	5,849	\$ 92.67	\$ 2.00	557,241	\$ 6.00	\$ 0.95	75,833	\$ 16.19	\$ 1.04	187,709	
	Emergency Room	\$ 0.11	\$ 3.89	341	\$ 0.39	\$ 4.56	1,025	\$ 9.12	\$ 86.12	1,271	\$ 14.32	\$ 81.13	2,118	\$ 0.29	\$ 4.95	703	\$ 0.75	\$ 12.53	722	
	FQHC/RHC	\$ 0.11	\$ 32.39	41	\$ 2.00	\$ 61.01	393	\$ 0.09	\$ 184.21	6	\$ 32.32	\$ 182.93	2,120	\$ 0.76	\$ 34.18	267	\$ 1.71	\$ 70.72	290	
	Home Health	\$ 0.04	\$ 49.85	9	\$ 0.41	\$ 54.06	90	\$ 5.81	\$ 68.83	1,012	\$ 57.68	\$ 77.70	8,908	\$ 0.13	\$ 53.27	29	\$ 1.86	\$ 74.75	299	
	Hospice	\$ 0.42	\$ 38.58	130	\$ 0.39	\$ 109.64	42	\$ 123.78	\$ 127.17	11,680	\$ 33.53	\$ 158.65	2,536	\$ 0.18	\$ 173.38	12	\$ 2.36	\$ 128.06	221	
	Inpatient	\$ 17.03	\$ 124.45	1,643	\$ 33.64	\$ 168.89	2,390	\$ 1,407.78	\$ 1,880.89	8,982	\$ 605.87	\$ 2,071.32	3,510	\$ 16.75	\$ 171.49	1,172	\$ 49.06	\$ 371.74	1,584	
	Laboratory/Radiology	\$ 0.86	\$ 3.61	2,876	\$ 2.38	\$ 5.59	5,115	\$ 50.68	\$ 12.73	47,780	\$ 43.51	\$ 18.96	27,534	\$ 2.05	\$ 6.34	3,879	\$ 3.50	\$ 8.50	4,940	
	Nursing Facility	\$ 4,713.60	\$ 165.23	342,325	\$ 8.41	\$ 127.54	792	\$ 5,529.80	\$ 193.58	342,791	\$ 9.15	\$ 195.69	561	\$ 3.36	\$ 142.17	283	\$ 1,016.75	\$ 166.35	73,346	
	Other Medical	\$ 1.68	\$ 2.33	8,674	\$ 2.07	\$ 1.72	14,403	\$ 56.44	\$ 5.46	124,017	\$ 33.26	\$ 9.86	40,454	\$ 3.14	\$ 2.80	13,476	\$ 4.05	\$ 3.37	14,428	
	Outpatient	\$ 0.63	\$ 34.00	224	\$ 1.01	\$ 18.34	659	\$ 23.29	\$ 172.52	1,620	\$ 37.48	\$ 67.89	6,624	\$ 1.28	\$ 27.41	560	\$ 2.35	\$ 40.92	691	
	Pharmacy	\$ 4.87	\$ 6.02	9,698	\$ 8.34	\$ 15.69	6,381	\$ 532.48	\$ 53.17	120,174	\$ 639.35	\$ 114.11	67,236	\$ 6.59	\$ 21.36	3,703	\$ 29.58	\$ 43.17	8,220	
	Physician	\$ 3.13	\$ 2.42	15,544	\$ 3.90	\$ 1.52	30,789	\$ 145.84	\$ 20.96	83,483	\$ 66.56	\$ 19.79	40,362	\$ 4.51	\$ 2.03	26,665	\$ 7.23	\$ 3.35	25,911	
	Vision	\$ 0.07	\$ 3.20	254	\$ 0.22	\$ 8.48	308	\$ 2.89	\$ 41.01	847	\$ 2.58	\$ 36.13	858	\$ 0.33	\$ 11.06	355	\$ 0.35	\$ 12.01	346	
	Medical Services Subtotal	\$ 4,756.10	N/A	N/A	\$ 120.31	N/A	N/A	\$ 7,947.96	N/A	N/A	\$ 1,688.97	N/A	N/A	\$ 47.75	N/A	N/A	\$ 1,139.56	N/A	N/A	
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 26.50	\$ 67.72	4,696	\$ -	\$ -	-	\$ 0.85	\$ 58.39	175	\$ -	\$ -	-	\$ 3.87	\$ 67.65	686	
	Employment	\$ -	\$ -	-	\$ 0.33	\$ 6.29	622	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.05	\$ 6.29	90	
	Home Health/Therapies	\$ 0.02	\$ 16.55	15	\$ 36.37	\$ 12.48	34,972	\$ 0.31	\$ 11.02	341	\$ 19.30	\$ 12.24	18,920	\$ -	\$ -	-	\$ 5.83	\$ 12.46	5,619	
	Other Waiver	\$ 0.00	\$ 16.02	3	\$ 6.46	\$ 6.75	11,480	\$ -	\$ -	-	\$ 9.55	\$ 14.90	7,696	\$ -	\$ -	-	\$ 1.21	\$ 7.71	1,886	
	PDS/FMS	\$ 0.04	\$ 90.03	5	\$ 16.23	\$ 80.59	2,416	\$ 0.15	\$ 79.04	24	\$ 10.75	\$ 80.58	1,601	\$ 0.00	\$ 79.04	0	\$ 2.67	\$ 80.61	398	
	Personal Assistance	\$ 5.89	\$ 4.20	16,839	\$ 3,115.82	\$ 4.15	9,007,521	\$ 11.60	\$ 4.14	33,653	\$ 3,691.71	\$ 4.25	10,422,581	\$ 0.17	\$ 4.16	496	\$ 559.30	\$ 4.17	1,609,649	
	Residential Habilitation	\$ 0.63	\$ 20.27	372	\$ 4.75	\$ 78.09	730	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.04	\$ 258.93	2	\$ 0.84	\$ 55.27	183	
	Respite	\$ -	\$ -	-	\$ 2.84	\$ 56.86	599	\$ -	\$ -	-	\$ 0.48	\$ 179.08	32	\$ -	\$ -	-	\$ 0.43	\$ 58.15	88	
	Service Coordination	\$ 1.03	\$ 18.56	663	\$ 161.31	\$ 18.48	104,758	\$ 1.02	\$ 18.51	658	\$ 158.71	\$ 18.48	103,066	\$ 0.04	\$ 19.07	23	\$ 28.19	\$ 18.48	18,306	
	Vendor Services	\$ 3.28	\$ 115.35	341	\$ 131.78	\$ 11.12	142,250	\$ 12.61	\$ 476.49	317	\$ 50.42	\$ 15.68	38,583	\$ 0.01	\$ 11.98	6	\$ 21.34	\$ 11.74	21,802	
	Waiver DME/Supplies	\$ 0.15	\$ 193.29	9	\$ 14.25	\$ 74.21	2,303	\$ 0.01	\$ 6.92	12	\$ 4.76	\$ 48.00	1,190	\$ -	\$ -	-	\$ 2.23	\$ 72.38	370	
	HCBS Waiver Services Subtotal	\$ 11.03	N/A	N/A	\$ 3,516.63	N/A	N/A	\$ 25.70	N/A	N/A	\$ 3,946.53	N/A	N/A	\$ 0.26	N/A	N/A	\$ 625.96	N/A	N/A	
Total Services		\$ 4,767.13	N/A	N/A	\$ 3,636.94	N/A	N/A	\$ 7,973.65	N/A	N/A	\$ 5,635.50	N/A	N/A	\$ 48.00	N/A	N/A	\$ 1,765.52	N/A	N/A	

Rating Region	Southwest - 13 Counties
Age Group	21-59
Time Period	CY 2017

	CHC Eligible Population Group																			
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total				
	Member Months			5,102			18,660			3,621			11,604			230,580			269,568	
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Medical Services	Ambulance	\$ 0.42	\$ 20.81	240	\$ 0.28	\$ 31.46	108	\$ 37.89	\$ 107.02	4,249	\$ 28.49	\$ 27.33	12,510	\$ 0.16	\$ 24.61	80	\$ 1.90	\$ 33.78	676	
	Dental	\$ 6.80	\$ 40.51	2,014	\$ 5.61	\$ 51.82	1,299	\$ 10.91	\$ 58.09	2,254	\$ 12.59	\$ 72.80	2,075	\$ 5.60	\$ 55.63	1,207	\$ 5.99	\$ 56.17	1,280	
	DME/Supplies	\$ 33.56	\$ 1.34	300,079	\$ 41.35	\$ 0.93	535,750	\$ 23.93	\$ 12.46	23,054	\$ 236.55	\$ 3.14	905,228	\$ 4.30	\$ 1.47	35,190	\$ 17.68	\$ 1.89	112,142	
	Emergency Room	\$ 0.06	\$ 0.61	1,263	\$ 0.38	\$ 3.48	1,306	\$ 18.59	\$ 103.50	2,155	\$ 31.85	\$ 64.59	5,917	\$ 0.69	\$ 7.11	1,165	\$ 2.24	\$ 19.26	1,395	
	FQHC/RHC	\$ 0.44	\$ 49.25	108	\$ 2.54	\$ 55.15	553	\$ 1.70	\$ 128.47	159	\$ 1.45	\$ 34.16	508	\$ 1.77	\$ 50.29	422	\$ 1.78	\$ 50.28	425	
	Home Health	\$ -	\$ -	9	\$ 0.33	\$ 21.08	190	\$ 12.86	\$ 75.54	2,043	\$ 113.38	\$ 52.69	25,821	\$ 0.34	\$ 48.58	84	\$ 5.37	\$ 52.62	1,224	
	Hospice	\$ 0.05	\$ 15.35	40	\$ 0.00	\$ 0.16	6	\$ 94.73	\$ 150.99	7,529	\$ 9.59	\$ 392.59	293	\$ 0.00	\$ 1.78	2	\$ 1.69	\$ 174.10	116	
	Inpatient	\$ 71.26	\$ 227.59	3,757	\$ 23.75	\$ 143.54	1,985	\$ 1,470.05	\$ 1,913.91	9,217	\$ 699.23	\$ 2,007.88	4,179	\$ 12.17	\$ 219.46	665	\$ 63.25	\$ 701.89	1,081	
	Laboratory/Radiology	\$ 2.09	\$ 2.58	9,721	\$ 2.57	\$ 4.84	6,368	\$ 75.39	\$ 14.02	64,548	\$ 73.72	\$ 17.10	51,731	\$ 3.14	\$ 8.05	4,686	\$ 7.09	\$ 11.02	7,727	
	Nursing Facility	\$ 4,720.87	\$ 170.18	332,885	\$ 3.77	\$ 125.05	362	\$ 5,613.03	\$ 203.81	330,491	\$ 0.44	\$ 203.62	26	\$ 1.09	\$ 220.60	59	\$ 165.98	\$ 184.12	10,818	
	Other Medical	\$ 9.35	\$ 2.75	40,748	\$ 2.49	\$ 0.97	30,682	\$ 51.99	\$ 5.28	118,227	\$ 42.60	\$ 19.37	26,391	\$ 2.03	\$ 1.80	13,568	\$ 4.62	\$ 3.22	17,225	
	Outpatient	\$ 2.60	\$ 37.28	838	\$ 1.30	\$ 12.41	1,256	\$ 22.78	\$ 93.65	2,919	\$ 101.21	\$ 57.58	21,093	\$ 1.91	\$ 29.27	782	\$ 6.43	\$ 44.91	1,719	
	Pharmacy	\$ 11.82	\$ 11.50	12,333	\$ 16.49	\$ 33.32	5,936	\$ 814.11	\$ 68.59	142,428	\$ 976.65	\$ 121.59	96,392	\$ 8.83	\$ 27.79	3,812	\$ 61.89	\$ 74.51	9,968	
	Physician	\$ 7.40	\$ 1.43	62,101	\$ 4.75	\$ 1.18	48,326	\$ 172.93	\$ 21.37	97,085	\$ 114.38	\$ 27.19	50,475	\$ 5.26	\$ 2.62	24,113	\$ 12.21	\$ 5.12	28,623	
	Vision	\$ 0.10	\$ 3.63	320	\$ 0.12	\$ 7.29	195	\$ 2.06	\$ 39.59	623	\$ 3.88	\$ 34.67	1,342	\$ 0.26	\$ 16.40	187	\$ 0.42	\$ 20.66	246	
	Medical Services Subtotal	\$ 4,866.81	N/A	N/A	\$ 105.72	N/A	N/A	\$ 8,422.95	N/A	N/A	\$ 2,446.02	N/A	N/A	\$ 47.55	NA	N/A	\$ 358.55	N/A	N/A	
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 2.57	176	\$ 43.73	\$ 29.34	17,885	\$ -	\$ -	-	\$ 28.79	\$ 30.50	11,329	\$ -	\$ -	-	\$ 4.27	\$ 29.62	1,729	
	Employment	\$ -	\$ -	-	\$ 26.72	\$ 6.90	46,456	\$ -	\$ -	-	\$ 18.12	\$ 6.23	34,906	\$ 0.01	\$ 4.59	13	\$ 2.63	\$ 6.68	4,730	
	Home Health/Therapies	\$ 2.76	\$ 11.39	2,909	\$ 448.72	\$ 11.34	474,988	\$ 9.67	\$ 11.27	10,292	\$ 513.48	\$ 11.28	546,104	\$ 0.01	\$ 10.05	6	\$ 53.35	\$ 11.31	56,586	
	Other Waiver	\$ 0.08	\$ 18.08	54	\$ 19.18	\$ 18.56	12,399	\$ 0.09	\$ 8.65	129	\$ 10.56	\$ 20.69	6,124	\$ 0.03	\$ 6.52	62	\$ 1.81	\$ 18.48	1,178	
	PDS/FMS	\$ 0.34	\$ 79.04	52	\$ 30.45	\$ 80.58	4,535	\$ 0.07	\$ 79.04	10	\$ 31.56	\$ 86.57	4,374	\$ 0.00	\$ 98.32	0	\$ 3.48	\$ 82.82	504	
	Personal Assistance	\$ 30.29	\$ 4.19	86,743	\$ 3,008.93	\$ 4.00	9,037,133	\$ 12.77	\$ 4.34	35,289	\$ 2,946.20	\$ 3.99	8,861,502	\$ 0.24	\$ 4.33	652	\$ 336.06	\$ 3.99	1,009,705	
	Residential Habilitation	\$ 9.36	\$ 19.40	5,788	\$ 103.29	\$ 46.80	26,485	\$ 1.64	\$ 660.99	30	\$ 51.62	\$ 55.13	11,235	\$ 0.29	\$ 14.44	241	\$ 9.82	\$ 44.75	2,633	
	Respite	\$ -	\$ -	-	\$ 0.14	\$ 4.29	392	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 4.29	27	
	Service Coordination	\$ 5.73	\$ 19.61	3,509	\$ 213.57	\$ 19.15	133,812	\$ 1.87	\$ 18.99	1,183	\$ 215.39	\$ 19.16	134,920	\$ 0.08	\$ 20.68	46	\$ 24.26	\$ 19.16	15,192	
	Vendor Services	\$ 4.57	\$ 281.15	195	\$ 129.66	\$ 206.09	7,550	\$ 14.70	\$ 2,046.99	86	\$ 111.91	\$ 193.18	6,952	\$ 0.00	\$ 42.19	1	\$ 14.08	\$ 204.19	827	
	Waiver DME/Supplies	\$ 0.01	\$ 42.38	2	\$ 2.88	\$ 240.27	144	\$ -	\$ -	-	\$ 2.66	\$ 354.12	90	\$ -	\$ -	-	\$ 0.31	\$ 271.38	14	
	HCBS Waiver Services Subtotal	\$ 53.19	N/A	N/A	\$ 4,027.28	N/A	N/A	\$ 40.81	N/A	N/A	\$ 3,930.28	N/A	N/A	\$ 0.65	N/A	N/A	\$ 450.08	N/A	N/A	
Total Services		\$ 4,920.00	N/A	N/A	\$ 4,133.00	N/A	N/A	\$ 8,463.76	N/A	N/A	\$ 6,376.29	N/A	N/A	\$ 48.20	N/A	N/A	\$ 808.63	N/A	N/A	

Rating Region	Southwest - 13 Counties
Age Group	60+
Time Period	CY 2017

	CHC Eligible Population Group																			
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total				
	Member Months			80,519			32,872			2,551			3,010			213,269			332,221	
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Medical Services	Ambulance	\$ 0.22	\$ 21.25	125	\$ 0.38	\$ 52.88	87	\$ 28.19	\$ 82.44	4,104	\$ 36.28	\$ 45.78	9,510	\$ 0.07	\$ 23.60	37	\$ 0.68	\$ 45.44	181	
	Dental	\$ 4.50	\$ 50.53	1,069	\$ 2.40	\$ 64.03	449	\$ 4.75	\$ 44.90	1,271	\$ 6.38	\$ 63.21	1,211	\$ 2.69	\$ 63.29	510	\$ 3.15	\$ 57.99	652	
	DME/Supplies	\$ 6.23	\$ 2.16	34,673	\$ 52.07	\$ 0.78	801,167	\$ 18.57	\$ 16.13	13,816	\$ 168.76	\$ 2.67	758,933	\$ 6.78	\$ 1.02	79,777	\$ 12.69	\$ 1.04	145,871	
	Emergency Room	\$ 0.15	\$ 4.36	422	\$ 0.32	\$ 4.47	846	\$ 13.17	\$ 105.92	1,492	\$ 25.75	\$ 72.10	4,286	\$ 0.26	\$ 4.80	641	\$ 0.57	\$ 10.51	648	
	FQHC/RHC	\$ 0.18	\$ 27.63	77	\$ 1.22	\$ 42.99	339	\$ 1.01	\$ 61.59	198	\$ 5.12	\$ 98.75	622	\$ 1.54	\$ 46.98	393	\$ 1.20	\$ 46.40	312	
	Home Health	\$ 0.00	\$ 0.62	4	\$ 0.12	\$ 42.04	33	\$ 14.04	\$ 70.93	2,375	\$ 118.07	\$ 76.56	18,507	\$ 0.12	\$ 29.91	48	\$ 1.27	\$ 68.72	221	
	Hospice	\$ 0.34	\$ 30.47	135	\$ 0.00	\$ 0.40	102	\$ 61.81	\$ 130.81	5,670	\$ 61.61	\$ 222.68	3,320	\$ 0.20	\$ 49.93	48	\$ 1.24	\$ 101.46	147	
	Inpatient	\$ 15.56	\$ 128.26	1,456	\$ 25.96	\$ 125.67	2,479	\$ 1,162.29	\$ 2,177.38	6,406	\$ 826.95	\$ 1,990.95	4,984	\$ 14.11	\$ 163.60	1,035	\$ 31.81	\$ 281.37	1,357	
	Laboratory/Radiology	\$ 1.17	\$ 3.22	4,376	\$ 1.92	\$ 4.16	5,550	\$ 57.43	\$ 13.19	52,251	\$ 74.21	\$ 18.05	49,339	\$ 2.16	\$ 6.70	3,873	\$ 2.98	\$ 7.22	4,944	
	Nursing Facility	\$ 4,563.55	\$ 160.34	341,538	\$ 9.51	\$ 153.62	743	\$ 5,510.47	\$ 195.55	338,148	\$ 5.87	\$ 188.01	375	\$ 2.71	\$ 131.40	248	\$ 1,151.10	\$ 161.35	85,610	
	Other Medical	\$ 1.58	\$ 1.90	9,976	\$ 1.61	\$ 1.10	17,490	\$ 49.74	\$ 6.87	86,924	\$ 56.18	\$ 6.55	102,923	\$ 4.42	\$ 2.72	19,480	\$ 4.27	\$ 2.81	18,254	
	Outpatient	\$ 0.62	\$ 34.81	215	\$ 1.34	\$ 26.56	606	\$ 14.77	\$ 246.04	720	\$ 96.12	\$ 67.54	17,080	\$ 1.22	\$ 27.09	541	\$ 2.05	\$ 39.75	620	
	Pharmacy	\$ 5.67	\$ 5.80	11,715	\$ 13.52	\$ 29.01	5,591	\$ 739.81	\$ 62.76	141,452	\$ 956.53	\$ 103.71	110,676	\$ 8.11	\$ 26.99	3,604	\$ 22.26	\$ 34.27	7,795	
	Physician	\$ 3.10	\$ 2.35	15,839	\$ 3.78	\$ 1.58	28,661	\$ 131.43	\$ 24.71	63,816	\$ 123.86	\$ 25.19	59,011	\$ 4.29	\$ 2.19	23,517	\$ 6.01	\$ 3.16	22,796	
	Vision	\$ 0.08	\$ 3.67	266	\$ 0.15	\$ 7.26	246	\$ 2.13	\$ 39.60	645	\$ 4.79	\$ 34.49	1,666	\$ 0.25	\$ 10.47	292	\$ 0.26	\$ 10.43	296	
	Medical Services Subtotal	\$ 4,602.96	N/A	N/A	\$ 114.29	N/A	N/A	\$ 7,809.62	N/A	N/A	\$ 2,566.49	N/A	N/A	\$ 48.93	N/A	N/A	\$ 1,241.54	N/A	N/A	
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.01	\$ 2.37	35	\$ 13.60	\$ 57.92	2,817	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 8.11	4	\$ 1.35	\$ 55.86	290	
	Employment	\$ -	\$ -	-	\$ 2.44	\$ 6.29	4,652	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.24	\$ 6.29	460	
	Home Health/Therapies	\$ 0.03	\$ 11.22	27	\$ 56.31	\$ 11.40	59,267	\$ -	\$ -	-	\$ 33.05	\$ 11.02	35,970	\$ 0.01	\$ 16.55	5	\$ 5.88	\$ 11.38	6,200	
	Other Waiver	\$ 0.01	\$ 50.49	3	\$ 2.85	\$ 14.78	2,311	\$ -	\$ -	-	\$ 2.70	\$ 144.91	223	\$ 0.00	\$ 3.12	8	\$ 0.31	\$ 15.76	237	
	PDS/FMS	\$ 0.05	\$ 90.49	6	\$ 33.90	\$ 180.85	2,249	\$ 0.14	\$ 178.02	9	\$ 25.81	\$ 106.12	2,918	\$ 0.00	\$ 79.04	0	\$ 3.60	\$ 172.30	251	
	Personal Assistance	\$ 6.43	\$ 4.38	17,608	\$ 2,522.67	\$ 4.22	7,166,269	\$ 6.59	\$ 4.18	18,897	\$ 2,903.06	\$ 4.19	8,307,423	\$ 0.44	\$ 4.13	1,269	\$ 277.80	\$ 4.22	789,565	
	Residential Habilitation	\$ 0.80	\$ 11.45	838	\$ 4.52	\$ 40.64	1,334	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.18	\$ 15.02	146	\$ 0.76	\$ 21.21	429	
	Respite	\$ 0.12	\$ 206.41	7	\$ 3.04	\$ 39.58	922	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.33	\$ 42.50	93	
	Service Coordination	\$ 1.07	\$ 19.25	668	\$ 173.95	\$ 19.00	109,839	\$ 1.28	\$ 19.42	790	\$ 200.29	\$ 19.09	125,886	\$ 0.09	\$ 19.62	56	\$ 19.36	\$ 19.02	12,213	
	Vendor Services	\$ 0.71	\$ 26.59	322	\$ 158.37	\$ 14.80	128,385	\$ 2.92	\$ 53.51	654	\$ 97.48	\$ 19.85	58,926	\$ 0.01	\$ 7.94	23	\$ 16.76	\$ 15.08	13,335	
	Waiver DME/Supplies	\$ 0.20	\$ 262.69	9	\$ 44.58	\$ 163.26	3,277	\$ -	\$ -	-	\$ 32.91	\$ 495.35	797	\$ 0.00	\$ 86.30	1	\$ 4.76	\$ 171.01	334	
	HCBS Waiver Services Subtotal	\$ 9.42	N/A	N/A	\$ 3,016.23	N/A	N/A	\$ 10.92	N/A	N/A	\$ 3,295.29	N/A	N/A	\$ 0.75	N/A	N/A	\$ 331.14	N/A	N/A	
	Total Services	\$ 4,612.38	N/A	N/A	\$ 3,130.51	N/A	N/A	\$ 7,820.55	N/A	N/A	\$ 5,861.78	N/A	N/A	\$ 49.68	N/A	N/A	\$ 1,572.68	N/A	N/A	

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2017

	CHC Eligible Population Group																			
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total				
	Member Months			3,478			65,167			4,815			94,352			216,826			384,638	
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Medical Services	Ambulance	\$ 3.85	\$ 120.54	383	\$ 2.21	\$ 151.21	175	\$ 28.41	\$ 138.91	2,454	\$ 18.53	\$ 55.44	4,010	\$ 0.20	\$ 42.07	56	\$ 5.42	\$ 60.27	1,079	
	Dental	\$ 9.69	\$ 39.71	2,927	\$ 7.06	\$ 56.51	1,499	\$ 13.54	\$ 27.91	5,822	\$ 11.57	\$ 54.42	2,552	\$ 6.45	\$ 49.98	1,549	\$ 7.93	\$ 51.36	1,852	
	DME/Supplies	\$ 80.23	\$ 5.54	173,751	\$ 19.64	\$ 0.80	295,099	\$ 64.06	\$ 8.94	86,006	\$ 109.68	\$ 2.27	579,463	\$ 2.65	\$ 0.99	32,261	\$ 33.25	\$ 1.87	212,973	
	Emergency Room	\$ 0.28	\$ 2.37	1,405	\$ 0.44	\$ 4.51	1,181	\$ 17.12	\$ 111.93	1,835	\$ 47.41	\$ 110.55	5,146	\$ 1.02	\$ 10.86	1,128	\$ 12.50	\$ 70.27	2,134	
	FQHC/RHC	\$ 0.49	\$ 90.33	66	\$ 3.45	\$ 87.63	473	\$ 1.65	\$ 176.94	112	\$ 6.20	\$ 72.55	1,026	\$ 3.58	\$ 87.18	493	\$ 4.15	\$ 81.43	612	
	Home Health	\$ 0.67	\$ 70.84	114	\$ 0.45	\$ 59.80	90	\$ 7.61	\$ 88.28	1,035	\$ 62.31	\$ 68.49	10,917	\$ 0.32	\$ 62.69	61	\$ 15.64	\$ 68.46	2,742	
	Hospice	\$ 0.06	\$ 7.15	100	\$ 0.00	\$ 1.38	2	\$ 67.55	\$ 182.24	4,448	\$ 7.24	\$ 247.41	351	\$ 0.04	\$ 89.07	6	\$ 2.65	\$ 217.17	146	
	Inpatient	\$ 53.21	\$ 139.20	4,587	\$ 20.52	\$ 129.85	1,896	\$ 1,203.90	\$ 2,171.53	6,653	\$ 707.34	\$ 2,314.07	3,668	\$ 11.05	\$ 185.65	714	\$ 198.77	\$ 1,364.17	1,748	
	Laboratory/Radiology	\$ 1.77	\$ 2.28	9,295	\$ 1.79	\$ 3.48	6,154	\$ 50.69	\$ 14.41	42,202	\$ 45.55	\$ 9.09	60,131	\$ 1.99	\$ 5.70	4,183	\$ 13.25	\$ 8.47	18,763	
	Nursing Facility	\$ 5,935.30	\$ 222.62	319,927	\$ 1.63	\$ 49.97	391	\$ 5,922.42	\$ 224.48	316,601	\$ 0.57	\$ 180.84	38	\$ 0.87	\$ 124.93	84	\$ 128.71	\$ 221.32	6,979	
	Other Medical	\$ 6.18	\$ 3.28	22,599	\$ 3.19	\$ 1.90	20,180	\$ 77.87	\$ 4.75	196,527	\$ 87.21	\$ 47.84	21,875	\$ 3.21	\$ 4.20	9,163	\$ 24.77	\$ 17.89	16,615	
	Outpatient	\$ 0.44	\$ 7.77	683	\$ 2.46	\$ 9.72	3,032	\$ 23.37	\$ 286.60	978	\$ 181.65	\$ 28.55	76,352	\$ 3.20	\$ 17.91	2,143	\$ 47.07	\$ 27.60	20,470	
	Pharmacy	\$ 7.61	\$ 5.78	15,798	\$ 9.26	\$ 21.92	5,067	\$ 854.22	\$ 79.15	129,510	\$ 917.91	\$ 98.09	112,290	\$ 6.48	\$ 18.67	4,163	\$ 241.14	\$ 89.00	32,514	
	Physician	\$ 5.63	\$ 1.02	66,514	\$ 3.97	\$ 1.45	32,820	\$ 139.32	\$ 21.89	76,389	\$ 138.74	\$ 33.15	50,230	\$ 4.34	\$ 3.21	16,244	\$ 38.95	\$ 16.34	28,597	
	Vision	\$ 0.06	\$ 0.86	890	\$ 0.13	\$ 6.48	243	\$ 1.69	\$ 35.57	571	\$ 3.05	\$ 33.05	1,107	\$ 0.16	\$ 10.65	182	\$ 0.88	\$ 24.62	430	
	Medical Services Subtotal	\$ 6,105.48	N/A	N/A	\$ 76.17	N/A	N/A	\$ 8,473.43	N/A	N/A	\$ 2,344.95	N/A	N/A	\$ 45.57	NA	N/A	\$ 775.08	N/A	N/A	
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 5.74	\$ 46.65	1,476	\$ -	\$ -	-	\$ 4.03	\$ 48.31	1,002	\$ -	\$ -	-	\$ 1.96	\$ 47.47	496	
	Employment	\$ -	\$ -	-	\$ 0.12	\$ 10.95	130	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 17.75	13	\$ 0.03	\$ 12.62	29	
	Home Health/Therapies	\$ 3.31	\$ 11.02	3,602	\$ 73.58	\$ 11.29	78,232	\$ 4.48	\$ 11.33	4,750	\$ 90.66	\$ 11.10	98,029	\$ -	\$ -	-	\$ 34.79	\$ 11.17	37,393	
	Other Waiver	\$ 0.65	\$ 81.07	97	\$ 24.37	\$ 37.44	7,810	\$ 0.68	\$ 141.65	57	\$ 15.80	\$ 70.09	2,705	\$ 0.04	\$ 3.18	146	\$ 8.04	\$ 46.60	2,071	
	PDS/FMS	\$ 0.18	\$ 79.04	28	\$ 16.53	\$ 79.74	2,487	\$ 0.10	\$ 79.04	15	\$ 12.23	\$ 80.35	1,826	\$ 0.00	\$ 9.60	0	\$ 5.80	\$ 80.04	870	
	Personal Assistance	\$ 77.49	\$ 4.80	193,569	\$ 3,543.28	\$ 4.66	9,127,727	\$ 66.68	\$ 4.80	166,690	\$ 3,367.19	\$ 4.71	8,587,210	\$ 0.28	\$ 4.85	686	\$ 1,427.99	\$ 4.69	3,857,137	
	Residential Habilitation	\$ 6.13	\$ 47.24	1,556	\$ 3.92	\$ 64.05	735	\$ 0.71	\$ 264.15	32	\$ 0.96	\$ 63.91	181	\$ 0.70	\$ 46.77	181	\$ 1.36	\$ 57.31	285	
	Respite	\$ 0.10	\$ 6.11	204	\$ 0.28	\$ 4.60	730	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.05	\$ 4.62	125	
	Service Coordination	\$ 5.79	\$ 21.45	3,240	\$ 182.52	\$ 21.45	102,090	\$ 7.91	\$ 21.47	4,419	\$ 186.89	\$ 21.46	104,526	\$ 0.08	\$ 22.71	41	\$ 76.96	\$ 21.46	43,045	
	Vendor Services	\$ 13.84	\$ 752.29	221	\$ 53.09	\$ 110.73	5,754	\$ 6.95	\$ 371.88	224	\$ 38.20	\$ 88.83	5,160	\$ 0.00	\$ 33.00	1	\$ 18.58	\$ 99.28	2,246	
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.23	\$ 211.21	13	\$ -	\$ -	-	\$ 0.07	\$ 208.45	4	\$ -	\$ -	-	\$ 0.06	\$ 210.36	3	
	HCBS Waiver Services Subtotal	\$ 107.49	N/A	N/A	\$ 3,903.66	N/A	N/A	\$ 87.51	N/A	N/A	\$ 3,716.03	N/A	N/A	\$ 1.12	N/A	N/A	\$ 1,575.62	N/A	N/A	
Total Services		\$ 6,212.97	N/A	N/A	\$ 3,979.83	N/A	N/A	\$ 8,560.94	N/A	N/A	\$ 6,060.98	N/A	N/A	\$ 46.68	N/A	N/A	\$ 2,350.70	N/A	N/A	

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2017

	CHC Eligible Population Group																			
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total				
	Member Months			51,099			206,763			5,018			32,459			367,044			662,383	
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Medical Services	Ambulance	\$ 0.59	\$ 66.91	105	\$ 2.69	\$ 149.05	217	\$ 24.21	\$ 135.05	2,151	\$ 17.26	\$ 79.42	2,607	\$ 0.14	\$ 99.02	17	\$ 1.99	\$ 104.30	229	
	Dental	\$ 8.33	\$ 43.36	2,304	\$ 6.17	\$ 64.55	1,147	\$ 10.99	\$ 27.73	4,756	\$ 9.09	\$ 59.30	1,840	\$ 5.35	\$ 60.12	1,068	\$ 6.06	\$ 58.02	1,254	
	DME/Supplies	\$ 10.48	\$ 2.58	48,817	\$ 51.82	\$ 0.71	871,109	\$ 24.67	\$ 10.39	28,486	\$ 63.34	\$ 1.71	444,966	\$ 6.85	\$ 0.72	113,974	\$ 24.07	\$ 0.80	360,860	
	Emergency Room	\$ 0.08	\$ 2.30	424	\$ 0.13	\$ 2.37	634	\$ 10.82	\$ 106.44	1,220	\$ 23.37	\$ 113.21	2,477	\$ 0.25	\$ 6.36	481	\$ 1.41	\$ 27.04	627	
	FQHC/RHC	\$ 0.07	\$ 75.55	11	\$ 2.49	\$ 79.37	377	\$ 0.67	\$ 167.74	48	\$ 14.25	\$ 139.31	1,228	\$ 3.04	\$ 79.19	461	\$ 3.17	\$ 87.63	435	
	Home Health	\$ -	\$ -	3	\$ 0.03	\$ 12.14	30	\$ 4.05	\$ 77.60	627	\$ 38.85	\$ 83.31	5,596	\$ 0.10	\$ 40.78	30	\$ 2.00	\$ 78.67	305	
	Hospice	\$ 0.58	\$ 56.98	122	\$ 0.19	\$ 101.93	22	\$ 104.34	\$ 163.60	7,653	\$ 19.70	\$ 204.78	1,154	\$ 0.04	\$ 138.65	3	\$ 1.88	\$ 170.02	133	
	Inpatient	\$ 18.80	\$ 110.36	2,044	\$ 19.46	\$ 119.30	1,957	\$ 1,037.05	\$ 2,028.87	6,134	\$ 613.42	\$ 2,199.39	3,347	\$ 10.64	\$ 145.07	880	\$ 51.33	\$ 420.00	1,467	
	Laboratory/Radiology	\$ 0.86	\$ 2.93	3,513	\$ 1.33	\$ 4.37	3,637	\$ 41.95	\$ 13.60	37,022	\$ 44.12	\$ 13.49	39,246	\$ 1.32	\$ 6.00	2,630	\$ 3.69	\$ 8.74	5,067	
	Nursing Facility	\$ 5,003.27	\$ 175.93	341,266	\$ 6.07	\$ 116.39	626	\$ 5,767.89	\$ 205.44	336,907	\$ 7.55	\$ 194.74	465	\$ 6.44	\$ 156.50	494	\$ 435.51	\$ 177.93	29,371	
	Other Medical	\$ 2.20	\$ 2.90	9,109	\$ 1.66	\$ 1.71	11,679	\$ 104.23	\$ 4.45	281,086	\$ 68.54	\$ 12.50	65,808	\$ 1.81	\$ 3.29	6,599	\$ 5.84	\$ 5.24	13,360	
	Outpatient	\$ 0.35	\$ 23.79	178	\$ 0.80	\$ 24.98	384	\$ 17.12	\$ 422.98	486	\$ 93.54	\$ 41.19	27,251	\$ 1.10	\$ 24.80	534	\$ 5.60	\$ 38.01	1,769	
	Pharmacy	\$ 6.42	\$ 5.84	13,187	\$ 9.43	\$ 11.25	10,052	\$ 680.22	\$ 70.66	115,521	\$ 724.07	\$ 88.43	98,255	\$ 4.74	\$ 12.89	4,412	\$ 46.70	\$ 45.60	12,290	
	Physician	\$ 2.71	\$ 1.75	18,561	\$ 2.51	\$ 1.46	20,657	\$ 124.48	\$ 22.44	66,579	\$ 96.69	\$ 26.28	44,156	\$ 2.79	\$ 2.60	12,854	\$ 8.22	\$ 5.58	17,671	
	Vision	\$ 0.08	\$ 1.91	478	\$ 0.19	\$ 4.97	453	\$ 1.93	\$ 33.11	699	\$ 3.06	\$ 33.92	1,082	\$ 0.26	\$ 8.41	369	\$ 0.37	\$ 10.13	441	
	Medical Services Subtotal	\$ 5,054.81	N/A	N/A	\$ 104.95	N/A	N/A	\$ 7,954.62	N/A	N/A	\$ 1,836.85	N/A	N/A	\$ 44.88	N/A	N/A	\$ 597.86	N/A	N/A	
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.34	\$ 75.01	54	\$ 117.43	\$ 73.50	19,173	\$ -	\$ -	-	\$ 34.06	\$ 73.71	5,544	\$ 0.03	\$ 75.01	4	\$ 38.36	\$ 73.51	6,263	
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -		
	Home Health/Therapies	\$ 0.46	\$ 12.13	457	\$ 11.30	\$ 12.12	11,193	\$ 0.30	\$ 15.75	230	\$ 7.36	\$ 11.27	7,832	\$ -	\$ -	-	\$ 3.93	\$ 12.04	3,915	
	Other Waiver	\$ 0.20	\$ 25.24	96	\$ 59.97	\$ 26.32	27,344	\$ 0.03	\$ 135.00	2	\$ 26.37	\$ 35.17	8,998	\$ 0.00	\$ 28.36	1	\$ 20.03	\$ 26.75	8,985	
	PDS/FMS	\$ 0.06	\$ 79.04	10	\$ 10.09	\$ 83.69	1,447	\$ 0.03	\$ 79.04	5	\$ 11.00	\$ 79.70	1,656	\$ 0.00	\$ 79.04	0	\$ 3.70	\$ 83.07	534	
	Personal Assistance	\$ 31.47	\$ 4.80	78,672	\$ 2,768.62	\$ 4.73	7,018,444	\$ 14.60	\$ 4.83	36,229	\$ 2,990.03	\$ 4.71	7,618,615	\$ 0.34	\$ 4.51	894	\$ 1,013.47	\$ 4.73	2,570,986	
	Residential Habilitation	\$ 0.93	\$ 43.30	257	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.29	\$ 103.03	34	\$ 0.24	\$ 18.40	156	\$ 0.22	\$ 24.26	108	
	Respite	\$ 0.06	\$ 212.30	3	\$ 3.32	\$ 12.26	3,249	\$ -	\$ -	-	\$ 0.55	\$ 10.98	606	\$ -	\$ -	-	\$ 1.07	\$ 12.27	1,044	
	Service Coordination	\$ 2.11	\$ 21.48	1,177	\$ 151.85	\$ 21.45	84,957	\$ 2.02	\$ 21.47	1,129	\$ 166.15	\$ 21.43	93,020	\$ 0.04	\$ 21.58	23	\$ 55.74	\$ 21.45	31,190	
	Vendor Services	\$ 0.60	\$ 15.66	460	\$ 64.65	\$ 10.19	76,150	\$ 0.50	\$ 8.50	703	\$ 47.51	\$ 13.54	42,106	\$ 0.02	\$ 19.01	10	\$ 22.57	\$ 10.46	25,880	
	Waiver DME/Supplies	\$ 0.02	\$ 841.00	0	\$ 0.71	\$ 215.06	40	\$ -	\$ -	-	\$ 0.39	\$ 111.37	42	\$ 0.00	\$ 55.71	0	\$ 0.24	\$ 199.93	15	
	HCBS Waiver Services Subtotal	\$ 36.24	N/A	N/A	\$ 3,187.95	N/A	N/A	\$ 17.47	N/A	N/A	\$ 3,283.71	N/A	N/A	\$ 0.67	N/A	N/A	\$ 1,159.33	N/A	N/A	
Total Services		\$ 5,091.06	N/A	N/A	\$ 3,292.90	N/A	N/A	\$ 7,972.09	N/A	N/A	\$ 5,120.56	N/A	N/A	\$ 45.54	N/A	N/A	\$ 1,757.19	N/A	N/A	

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2018

	CHC Eligible Population Group																		
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total			
	Member Months		3,412	74,738		4,729	115,413		202,039		400,331								
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Medical Services	Ambulance	\$ 1.12	\$ 70.52	190	\$ 3.15	\$ 174.11	217	\$ 29.17	\$ 122.71	2,852	\$ 16.98	\$ 53.98	3,776	\$ 0.20	\$ 53.22	45	\$ 5.94	\$ 60.03	1,187
	Dental	\$ 9.98	\$ 37.09	3,228	\$ 6.01	\$ 52.93	1,364	\$ 11.66	\$ 25.41	5,508	\$ 9.95	\$ 50.73	2,353	\$ 5.75	\$ 48.93	1,411	\$ 7.12	\$ 49.15	1,737
	DME/Supplies	\$ 77.59	\$ 5.13	181,555	\$ 19.85	\$ 0.80	299,256	\$ 56.09	\$ 10.87	61,937	\$ 109.71	\$ 2.34	563,041	\$ 2.42	\$ 0.90	32,363	\$ 37.88	\$ 1.92	236,801
	Emergency Room	\$ 0.15	\$ 1.41	1,281	\$ 0.41	\$ 4.14	1,189	\$ 13.25	\$ 102.99	1,544	\$ 49.60	\$ 109.43	5,439	\$ 1.00	\$ 10.22	1,169	\$ 15.04	\$ 74.90	2,409
	FQHC/RHC	\$ 0.33	\$ 65.55	61	\$ 4.02	\$ 88.87	543	\$ 1.65	\$ 189.99	104	\$ 7.64	\$ 74.61	1,228	\$ 3.87	\$ 90.39	514	\$ 4.93	\$ 82.53	717
	Home Health	\$ -	\$ -	7	\$ 0.33	\$ 32.26	123	\$ 7.31	\$ 82.71	1,060	\$ 58.20	\$ 78.01	8,953	\$ 0.28	\$ 2.76	1,226	\$ 17.07	\$ 63.31	3,236
	Hospice	\$ 0.00	\$ 0.01	162	\$ 0.01	\$ 96.67	2	\$ 56.27	\$ 215.87	3,128	\$ 6.57	\$ 346.57	227	\$ -	\$ -	1	\$ 2.56	\$ 294.02	104
	Inpatient	\$ 53.12	\$ 145.34	4,386	\$ 25.01	\$ 149.43	2,008	\$ 1,492.25	\$ 2,392.38	7,485	\$ 727.88	\$ 2,475.79	3,528	\$ 10.80	\$ 170.71	759	\$ 238.04	\$ 1,502.61	1,901
	Laboratory/Radiology	\$ 1.50	\$ 2.32	7,746	\$ 2.33	\$ 5.29	5,277	\$ 50.82	\$ 15.25	39,998	\$ 47.25	\$ 9.08	62,432	\$ 2.16	\$ 6.19	4,184	\$ 15.76	\$ 8.74	21,634
	Nursing Facility	\$ 5,912.12	\$ 223.24	317,802	\$ 2.65	\$ 80.21	396	\$ 5,998.52	\$ 227.75	316,064	\$ 1.00	\$ 222.04	54	\$ 2.07	\$ 192.57	129	\$ 123.07	\$ 223.88	6,597
	Other Medical	\$ 13.66	\$ 4.74	34,614	\$ 3.31	\$ 1.90	20,923	\$ 116.18	\$ 4.47	311,556	\$ 81.26	\$ 43.54	22,398	\$ 2.98	\$ 3.79	9,438	\$ 27.04	\$ 16.99	19,102
	Outpatient	\$ 2.37	\$ 35.91	793	\$ 3.48	\$ 10.28	4,058	\$ 22.00	\$ 272.77	968	\$ 181.95	\$ 35.08	62,246	\$ 2.96	\$ 16.54	2,148	\$ 54.88	\$ 33.25	19,805
	Pharmacy	\$ 6.49	\$ 8.28	9,400	\$ 10.53	\$ 22.37	5,651	\$ 787.43	\$ 80.05	118,047	\$ 942.33	\$ 105.15	107,536	\$ 7.66	\$ 22.55	4,077	\$ 286.86	\$ 96.72	35,589
	Physician	\$ 6.96	\$ 1.15	72,787	\$ 4.37	\$ 1.62	32,374	\$ 149.88	\$ 20.73	86,757	\$ 137.98	\$ 33.04	50,111	\$ 3.85	\$ 2.95	15,679	\$ 44.37	\$ 17.72	30,049
	Vision	\$ 0.07	\$ 0.96	936	\$ 0.18	\$ 6.81	319	\$ 2.50	\$ 37.80	792	\$ 3.34	\$ 31.56	1,271	\$ 0.18	\$ 9.74	226	\$ 1.12	\$ 24.12	557
	Medical Services Subtotal	\$ 6,085.46	N/A	N/A	\$ 85.65	N/A	N/A	\$ 8,794.96	N/A	N/A	\$ 2,381.65	N/A	N/A	\$ 46.19	N/A	N/A	\$ 881.67	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 6.67	\$ 46.57	1,719	\$ -	\$ -	-	\$ 3.37	\$ 47.58	851	\$ -	\$ -	-	\$ 2.22	\$ 47.01	566
	Employment	\$ -	\$ -	-	\$ 0.06	\$ 10.89	61	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 17.75	6	\$ 0.01	\$ 12.28	14
	Home Health/Therapies	\$ 1.90	\$ 11.02	2,071	\$ 81.00	\$ 11.32	85,878	\$ 3.51	\$ 11.02	3,819	\$ 77.84	\$ 11.19	83,504	\$ -	\$ -	-	\$ 37.62	\$ 11.24	40,169
	Other Waiver	\$ 0.49	\$ 103.55	56	\$ 22.80	\$ 52.62	5,200	\$ 0.70	\$ 144.00	58	\$ 15.42	\$ 74.57	2,481	\$ 0.07	\$ 5.33	165	\$ 8.75	\$ 59.32	1,770
	PDS/FMS	\$ 0.21	\$ 100.92	25	\$ 12.81	\$ 79.42	1,936	\$ 0.07	\$ 79.04	10	\$ 8.62	\$ 79.72	1,298	\$ 0.00	\$ 16.15	0	\$ 4.88	\$ 79.56	736
	Personal Assistance	\$ 67.07	\$ 4.82	166,991	\$ 3,909.59	\$ 4.72	9,940,384	\$ 81.14	\$ 4.83	201,578	\$ 3,734.15	\$ 4.77	9,401,569	\$ 0.31	\$ 5.15	730	\$ 1,808.10	\$ 4.75	4,570,359
	Residential Habilitation	\$ 3.68	\$ 570.30	77	\$ 3.57	\$ 127.68	336	\$ 0.28	\$ 439.74	8	\$ 3.50	\$ 38.22	1,098	\$ 0.46	\$ 15.03	371	\$ 1.94	\$ 41.12	567
	Respite	\$ -	\$ -	-	\$ 0.20	\$ 4.78	509	\$ -	\$ -	-	\$ 0.05	\$ 4.78	130	\$ -	\$ -	-	\$ 0.05	\$ 4.78	133
	Service Coordination	\$ 7.50	\$ 21.52	4,180	\$ 202.16	\$ 21.44	113,158	\$ 7.47	\$ 21.49	4,172	\$ 207.30	\$ 21.44	115,999	\$ 0.10	\$ 23.05	53	\$ 97.71	\$ 21.44	54,679
	Vendor Services	\$ 2.20	\$ 102.53	258	\$ 59.41	\$ 112.22	6,352	\$ 5.57	\$ 201.94	331	\$ 38.56	\$ 80.88	5,721	\$ 0.00	\$ 39.49	1	\$ 22.29	\$ 94.14	2,842
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.27	\$ 184.75	18	\$ 0.02	\$ 79.00	3	\$ 0.13	\$ 197.46	8	\$ -	\$ -	-	\$ 0.09	\$ 189.30	6
	HCBS Waiver Services Subtotal	\$ 83.04	N/A	N/A	\$ 4,298.54	N/A	N/A	\$ 98.76	N/A	N/A	\$ 4,088.93	N/A	N/A	\$ 0.96	N/A	N/A	\$ 1,983.67	N/A	N/A
Total Services		\$ 6,168.51	N/A	N/A	\$ 4,384.19	N/A	N/A	\$ 8,893.72	N/A	N/A	\$ 6,470.58	N/A	N/A	\$ 47.16	N/A	N/A	\$ 2,865.34	N/A	N/A

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2018

	CHC Eligible Population Group																		
	Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total			
	Member Months		49,376		244,562		4,962		42,181		365,719		706,801						
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Medical Services	Ambulance	\$ 0.88	\$ 73.52	143	\$ 2.69	\$ 168.13	192	\$ 22.23	\$ 122.40	2,179	\$ 17.09	\$ 64.21	3,195	\$ 0.17	\$ 53.94	37	\$ 2.25	\$ 89.73	301
	Dental	\$ 9.00	\$ 41.48	2,603	\$ 5.48	\$ 64.71	1,017	\$ 10.37	\$ 26.32	4,727	\$ 7.56	\$ 58.05	1,563	\$ 4.95	\$ 58.95	1,007	\$ 5.61	\$ 56.99	1,181
	DME/Supplies	\$ 9.52	\$ 2.08	55,014	\$ 49.97	\$ 0.73	820,682	\$ 32.41	\$ 12.53	31,045	\$ 62.67	\$ 1.64	459,786	\$ 6.22	\$ 0.74	101,446	\$ 25.14	\$ 0.82	367,958
	Emergency Room	\$ 0.10	\$ 2.60	470	\$ 0.10	\$ 1.95	639	\$ 10.15	\$ 93.29	1,305	\$ 22.32	\$ 107.57	2,490	\$ 0.30	\$ 6.99	521	\$ 1.60	\$ 28.24	681
	FQHC/RHC	\$ 0.05	\$ 93.20	7	\$ 3.20	\$ 82.40	467	\$ 0.92	\$ 162.45	68	\$ 17.10	\$ 136.42	1,504	\$ 3.76	\$ 83.22	542	\$ 4.08	\$ 92.02	532
	Home Health	\$ 0.00	\$ 6.46	3	\$ 0.06	\$ 27.02	27	\$ 6.74	\$ 82.76	978	\$ 39.07	\$ 80.08	5,855	\$ 0.19	\$ 53.67	42	\$ 2.50	\$ 77.32	387
	Hospice	\$ 1.56	\$ 66.36	282	\$ 0.29	\$ 147.64	23	\$ 94.76	\$ 178.21	6,381	\$ 17.99	\$ 210.42	1,026	\$ 0.29	\$ 142.51	24	\$ 2.10	\$ 171.91	146
	Inpatient	\$ 29.23	\$ 182.65	1,920	\$ 28.40	\$ 173.04	1,969	\$ 1,081.49	\$ 2,336.64	5,554	\$ 706.51	\$ 2,289.60	3,703	\$ 16.58	\$ 218.85	909	\$ 70.21	\$ 544.91	1,546
	Laboratory/Radiology	\$ 0.82	\$ 3.21	3,068	\$ 1.60	\$ 5.58	3,437	\$ 41.93	\$ 13.36	37,659	\$ 45.59	\$ 13.74	39,828	\$ 1.54	\$ 6.65	2,785	\$ 4.42	\$ 9.68	5,486
	Nursing Facility	\$ 4,909.96	\$ 174.33	337,985	\$ 4.66	\$ 103.21	541	\$ 5,694.90	\$ 205.18	333,074	\$ 8.11	\$ 196.07	496	\$ 7.08	\$ 153.99	552	\$ 388.75	\$ 176.35	26,452
	Other Medical	\$ 2.35	\$ 2.35	11,983	\$ 1.85	\$ 1.71	12,992	\$ 117.15	\$ 5.36	262,273	\$ 66.46	\$ 12.23	65,235	\$ 1.91	\$ 2.80	8,181	\$ 6.58	\$ 5.16	15,300
	Outpatient	\$ 0.30	\$ 22.78	156	\$ 0.71	\$ 24.22	354	\$ 17.69	\$ 64.63	3,284	\$ 107.93	\$ 45.37	28,548	\$ 1.41	\$ 24.16	698	\$ 7.56	\$ 40.84	2,222
	Pharmacy	\$ 5.58	\$ 7.54	8,878	\$ 11.79	\$ 13.69	10,337	\$ 553.18	\$ 61.05	108,728	\$ 733.84	\$ 91.21	96,542	\$ 7.19	\$ 19.55	4,412	\$ 55.87	\$ 51.55	13,005
	Physician	\$ 3.10	\$ 1.80	20,712	\$ 2.36	\$ 1.52	18,666	\$ 120.45	\$ 22.97	62,914	\$ 99.00	\$ 24.64	48,220	\$ 2.83	\$ 2.61	13,008	\$ 9.25	\$ 6.18	17,956
	Vision	\$ 0.10	\$ 1.85	645	\$ 0.23	\$ 4.72	593	\$ 2.56	\$ 36.94	831	\$ 3.30	\$ 33.31	1,187	\$ 0.31	\$ 7.52	488	\$ 0.46	\$ 9.54	579
	Medical Services Subtotal	\$ 4,972.55	N/A	N/A	\$ 113.41	N/A	N/A	\$ 7,806.92	N/A	N/A	\$ 1,954.55	N/A	N/A	\$ 54.71	N/A	N/A	\$ 586.38	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 75.01	8	\$ 120.84	\$ 73.43	19,748	\$ -	\$ -	-	\$ 34.04	\$ 74.24	5,502	\$ 0.01	\$ 75.01	2	\$ 43.85	\$ 73.46	7,163
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	
	Home Health/Therapies	\$ 0.01	\$ 11.02	16	\$ 12.16	\$ 11.60	12,574	\$ 0.39	\$ 11.02	426	\$ 12.78	\$ 11.48	13,355	\$ -	\$ -	-	\$ 4.97	\$ 11.58	5,152
	Other Waiver	\$ 0.44	\$ 65.37	81	\$ 89.57	\$ 31.92	33,677	\$ 1.99	\$ 62.08	385	\$ 52.33	\$ 54.76	11,467	\$ 0.01	\$ 26.70	2	\$ 34.16	\$ 33.21	12,347
	PDS/FMS	\$ 0.06	\$ 79.04	9	\$ 7.77	\$ 82.98	1,124	\$ 0.13	\$ 79.04	19	\$ 7.86	\$ 79.35	1,189	\$ 0.00	\$ 79.04	0	\$ 3.16	\$ 82.41	461
	Personal Assistance	\$ 27.13	\$ 4.77	68,298	\$ 3,293.34	\$ 4.78	8,272,598	\$ 74.46	\$ 4.75	188,052	\$ 3,480.16	\$ 4.77	8,760,835	\$ 0.16	\$ 4.78	413	\$ 1,349.73	\$ 4.78	3,391,562
	Residential Habilitation	\$ 0.27	\$ 574.77	6	\$ 0.02	\$ 320.56	1	\$ -	\$ -	-	\$ 0.20	\$ 103.23	23	\$ -	\$ -	-	\$ 0.04	\$ 222.59	2
	Respite	\$ 0.31	\$ 53.42	70	\$ 2.20	\$ 10.02	2,639	\$ -	\$ -	-	\$ 0.18	\$ 6.04	354	\$ -	\$ -	-	\$ 0.79	\$ 10.15	939
	Service Coordination	\$ 2.43	\$ 21.49	1,358	\$ 173.95	\$ 21.45	97,323	\$ 7.79	\$ 21.47	4,355	\$ 197.98	\$ 21.44	110,787	\$ 0.04	\$ 21.50	22	\$ 72.25	\$ 21.45	40,423
	Vendor Services	\$ 2.60	\$ 70.46	442	\$ 97.13	\$ 14.43	80,748	\$ 1.41	\$ 13.80	1,223	\$ 72.54	\$ 18.41	47,285	\$ 0.00	\$ 39.82	1	\$ 38.13	\$ 14.85	30,802
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.11	\$ 223.52	60	\$ -	\$ -	-	\$ 0.38	\$ 93.55	49	\$ -	\$ -	-	\$ 0.41	\$ 207.50	24
	HCBS Waiver Services Subtotal	\$ 33.30	N/A	N/A	\$ 3,798.09	N/A	N/A	\$ 86.16	N/A	N/A	\$ 3,858.43	N/A	N/A	\$ 0.22	N/A	N/A	\$ 1,547.50	N/A	N/A
Total Services		\$ 5,005.85	N/A	N/A	\$ 3,911.50	N/A	N/A	\$ 7,893.09	N/A	N/A	\$ 5,812.99	N/A	N/A	\$ 54.93	N/A	N/A	\$ 2,133.88	N/A	N/A

























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